

13rd Avenue, New York
Myriantopoulos
Lubric

March 6, 1973

Mrs. Ruth Watson Lubric
Maternity Center Association
48 East 92nd Street
New York, New York 10028

Dear Mrs. Lubric,

Thank you for your letter of February 28th. I think it would be very difficult for you to alienate anyone, even some of the chauvinists despite themselves that we may often encounter. I think you did display some hypersensitivity on one or two issues to the point of not really understanding what, for example, Neel was trying to say. But that was such an evanescent event I have even quite forgotten what the argument was all about.

I have looked at the report of the November 17th meeting concerning "a pilot study of birth". Having had some opportunity to follow the rise and fall of the NINDB collaborative study, I have some sad experience (happily mostly at a distance) of the difficulties of such an enterprise. In fact, just at this moment I wonder if the most important step might not be to attempt some emergency resuscitation if that study has not indeed gone through its last gasp. In any event, you will surely wish to consult with Dr. Myriantopoulos and others in thinking about study designs.

Just off hand I am rather skeptical about the possibility of developing an adequate sampling base to give a truly representative picture of births in this country. (More than you would have any way of knowing birth statistics have been a hobby of mine for some years.) I suspect too that the most efficient procedure might be to continue with retrospective studies, specifically taking samples of infant deaths and linking them to the anterior variables. As you may know we have a negligible amount of information on such points as the independent contribution of socioeconomic status, race, father's occupation, parity, as well as birth weight since there have been rather few studies linking infant death and birth statistics. There is certainly more than enough variation of mortality to generate some policy-important findings by this route; yet, fortunately, the incidence of infant death is sufficiently low that this retrospective approach offers a substantial improvement of efficiency over purely prospective studies.

If you are going to do the latter and you are really interested in outcomes other than birth weight and immediate mortality are you not going to have to do a follow-up study similar to the one already embodied in the collaborative study?

LUBRIC, R. W.

On the other hand, I can see the potential merits of a really intensive study of a limited sample of births comparable, for example, to the Birmingham studies and which indeed might be applied to a single city or small region like Rhode Island. If you do this I hope you have some genetic advisors when you construct your study design and help, therefore, to retain some very important data which has almost universally been allowed to escape. Since we do already have national statistics on birth weight and on mortality, more intensive studies done on a smaller base should help to unravel the significant antecedent variables that control these major outcomes. And one ought to attempt some ameliorative experiments, for example, attempting to provide the highest standard of prenatal care, including maternal nutrition, to a select group of high-risk mothers as judged by their previous history. It is still not clear (at least to me) what the eventual possibilities of intervention are by primarily medical approaches and a clear-cut demonstration in a selected community could be more valuable than almost any other single outcome. Tom Brewer, for example, for all of his rhetoric has been quite adamant in refusing to conduct a well-documented study on such a point which greatly mutes the persuasiveness of his claims.

Sincerely yours,

Joshua Lederberg
Professor of Genetics

JL/rr